IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Lundegren

Art Unit: 3626

Serial No.: 09/681,413

: Examiner: Rachel L. Porter

Filed: March 30, 2001

:

For:

REINSURANCE AUCTION

PROCESS

Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is: Transmittal and Amendment in response to Office Action dated January 31, 2007 and made final (35 pages)

STATUS

2. Applicant claims small entity status. is other than a small entity.

EXTENSION OF TERM

3.	The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. (complete (a) or (b), as applicable) (a) Applicant petitions for an extension of time under 37 C.F.R. 1.136 (Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)											
Exte	ension fo	or response w	ithin: first month second month third month	\$ \$	Other than small entity Fee 120.00 450.00	Small entity Fee (if applicable) \$ 60.00 \$ 225.00 \$ 510.00						
			fourth month fifth month	\$	1,020.00 1,590.00 2,160.00 Fee Due	\$ 795.00 \$1,080.00 \$ 450.00						
If an additional extension of time is required, please consider this a petition therefor. (Check and complete the next item, if applicable) An extension of months has already been secured. The fee paid therefor \$ is deducted from the total fee due for the total months of extension now requested.												
Extension fee due with this request \$\frac{\$450.00}{}\$ OR (b) Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.												

4.	The fee	for cla	ime (37 (FOR CLA)-(d)) has b	nivis been calculated as s	hown	below:			
+.	(Col. 1)			(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY				
- A 12 - Tr	REMA AF	AIMS AINING TER DMENT	MBHIS	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL. RATE FEE x \$25.00 == \$	OR	ADDITIONAL RATE FEE			
TOTAL INDEP.		Alberta Tarrier	MINUS		=	x \$23.00 = \$ $x $100.00 = $$		x \$200.00 = \$			
	FIRST PRESEN		TATION OF	MULTIPLE DEP. (LAIM	+ \$180.00 = \$		+ \$360.00 = \$			
	, , , , , , , , , , , , , , , , , , ,					TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$			
	(a)	\boxtimes	No add	itional fee for	r Claims is OR	required					
	(b)		Total a	dditional fee		required \$					
				FEF	E PAYME	NT					
5.	Attached is a check in the sum of \$										
				t Account No this transmit		the sum of \$450.00 ned.	<u>).</u>				
				FEE]	DEFICIE	NCY					
6.	If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.										
	AND/OR										
		If any 2384.	addition	al fee for clai	ms is requ	ired, charge Deposi	t Acc	ount No. 01-			
7.		Other	:								
					Reg AR One St.	niel M. Fitzgerald g. No. 38,880 MSTRONG TEAS e Metropolitan Squa Louis, MO 63102 /621-5070					